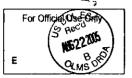
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND ' EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From
12501	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name POBERT M KLEIN SR.	Name NaTHERN CALIFORNIA CAPPENTERS REGIONAL COUNCIL. Labor Organization File Number 540-788
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 7463 BRIGHTON PL	Street 265 HCGENBERGER 20. #200
City DuBLI-	City OAK LAWSD
State CALIFORNIA ZIP Code +4 94569	State CALIFORNIA ZIP Code + 4 9462/
5. Position in labor organization. FIELD REPRESE	707,JE.

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
	7.b. Amount.			
Street				
City				
State ZIP Code + 4				

Signature

	 Signature and verification. The undersigned declares, under penalty of 	Perjury and other applicable pen	alties of the law, that all of the information
	submitted in this report (including the information contained in any accompany	ing documents), has been exami	ned by the signatory and is, to the best of the
	undersigned's knowledge and belief, true, correct, anili complete. (See the see	ction on penalties in the instruction	ons.)
	11 / tan ///	- 1 1	
	Signed Signed III IS all	on 7/15/05	925 8293154
l			727 02757
1		' Date	Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

ZIP Code + 4

or Consultant

?

of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Noethern Caupana Capantones Teananton	9. Business deals with:			
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 265 HELENBERGER RD. City OAKLAND State CA. ZIP Code + 4 94621	a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. CACPENTERS - TRUST PROJUES TRAININK. FOR. NCC. P.C. MEMBERS.			
Street	11.b. Approximate dollar value of such dealing. いっとんしいん			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	REINBURSE FOR A.R. TRAJEL FOR TRUST CONSERENCE.			
	12.b. Amount. 535.**			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			

14.b. Amount of payment.

Name

Street

City

State

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer